

APPLICATION DATA SHEET**Application Information**

Application number::
 Filing Date:: 12/18/01
 Application Type:: Regular
 Subject Matter:: Utility
 Suggested classification::
 Suggested Group Art Unit::
 CD-ROM or CD-R?:
 Number of CD disks::
 Number of copies of CDs::
 Sequence submission?:
 Computer Readable Form (CRF)?:
 Number of copies of CRF::
 Title :: DATA TRANSFER DEVICE, TRANSACTION
 SYSTEM AND METHOD FOR EXCHANGING
 CONTROL AND I/O DATA WITH A DATA
 PROCESSING SYSTEM
 Attorney Docket Number:: 750039.401
 Request for Early Publication?: No
 Request for Non-Publication?: No
 Suggested Drawing Figure::
 Total Drawing Sheets:: 5
 Small Entity?: No
 Petition included?: No
 Petition Type::
 Licensed U.S. Gov't Agency:: No
 Contract or Grant No::
 Secrecy Order in Parent Appl.?: No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	The Netherlands
Status::	Full Capacity
Given Name::	Robert
Middle Name::	V. M.
Family Name::	Oerlemans
Name Suffix::	
City of Residence::	Eindhoven
State or Province of Residence::	GK
Country of Residence::	The Netherlands
Street of mailing address::	Robijnring 40
City of mailing address::	Eindhoven
State or Province of mailing address::	GK
Country of mailing address::	The Netherlands
Postal or Zip Code of mailing address::	5629

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: The Netherlands
Status:: Full Capacity
Given Name:: Harm
Middle Name::
Family Name:: Braams
Name Suffix::
City of Residence:: Nieuwegein
State or Province of Residence:: CT
Country of Residence:: The Netherlands
Street of mailing address:: Helmkruid 14
City of mailing address:: Nieuwegein
State or Province of mailing address:: CT
Country of mailing address:: The Netherlands
Postal or Zip Code of mailing address:: 3434

Correspondence InformationCorrespondence Customer Number :: **00500**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Europe	00204597.9	12/19/00	Yes
Europe	01202571.4	7/4/01	Yes

Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	

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